

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	1					
12	2					
13	2					
14	2					
15	2					
16	1					
17	1					
18	1					
19	3					
20	4					
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50						
TOTAL IND.	2					
TOTAL DEP.	25	→	→	→		
TOTAL CLAIMS	27	25	25	25	25	25

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS		25	25	25	25	25